GRAYS NURSING HOME

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PLATTEVILLE 53818 Phone: (608) 349-6741	=	Ownership:	Corporation
Operated from 1/1 To 12/31 Days of Operation:	366	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/04):	20	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/04):	20	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/04:	20	Average Daily Census:	20

Services Provided to Non-Residents		Age, Gender, and Primary Di	Length of Stay (12/31/04)	%				
Home Health Care	No	Primary Diagnosis	*	Age Groups	ફ ફ	Less Than 1 Year	15.0	
Supp. Home Care-Personal Care	No					1 - 4 Years	75.0	
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	0.0	More Than 4 Years	10.0	
Day Services	No	Mental Illness (Org./Psy)	30.0	65 - 74	5.0			
Respite Care	No	Mental Illness (Other)	10.0	75 - 84	35.0		100.0	
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	50.0	*********	******	
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	5.0	95 & Over	10.0	Full-Time Equivalent	;	
Congregate Meals No		Cancer	0.0	0.0		- Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/04)		
Other Meals	No	Cardiovascular	5.0	65 & Over	100.0			
Transportation	No	Cerebrovascular	0.0			RNs	15.2	
Referral Service	No	Diabetes	10.0	Gender	%	LPNs	13.9	
Other Services	No	Respiratory	10.0			Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	30.0	Male	20.0	Aides, & Orderlies	40.2	
Mentally Ill	No			Female	80.0			
Provide Day Programming for			100.0	İ				
Developmentally Disabled	No	İ		j	100.0	İ		
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Method of Reimbursement

		edicare itle 18			edicaid itle 19			Other			Private Pay	!		amily Care			anaged Care			
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	
Int. Skilled Care	0	0.0	0	1	6.7	150	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	5.0
Skilled Care	0	0.0	0	14	93.3	126	0	0.0	0	5	100.0	133	0	0.0	0	0	0.0	0	19	95.0
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependen	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		15	100.0		0	0.0		5	100.0		0	0.0		0	0.0		20	100.0

GRAYS NURSING HOME

Admissions, Discharges, and		Percent Distribution	n of Residents'	Condit	ions, Services, and	d Activities as of 12/	31/04
Deaths During Reporting Period							
					% Needing		Total
Percent Admissions from:		Activities of	%	As	sistance of	% Totally	Number of
Private Home/No Home Health	14.3	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	0.0		90.0	10.0	20
Other Nursing Homes	28.6	Dressing	15.0		75.0	10.0	20
Acute Care Hospitals	57.1	Transferring	15.0		70.0	15.0	20
Psych. HospMR/DD Facilities	0.0	Toilet Use	20.0		65.0	15.0	20
Rehabilitation Hospitals	0.0	Eating	70.0		20.0	10.0	20
Other Locations	0.0	******	******	*****	******	******	*****
Total Number of Admissions	7	Continence		%	Special Treatmen	ts	8
Percent Discharges To:		Indwelling Or Extern	nal Catheter	0.0	Receiving Resp	iratory Care	10.0
Private Home/No Home Health	28.6	Occ/Freq. Incontiner	nt of Bladder	65.0	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	14.3	Occ/Freq. Incontiner	nt of Bowel	20.0	Receiving Suct	ioning	0.0
Other Nursing Homes	0.0	_			Receiving Osto	my Care	10.0
Acute Care Hospitals	0.0	Mobility			Receiving Tube	Feeding	5.0
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	0.0	Receiving Mech	anically Altered Diets	35.0
Rehabilitation Hospitals	0.0				5	-	
Other Locations	0.0	Skin Care			Other Resident C	haracteristics	
Deaths	57.1	With Pressure Sores		0.0	Have Advance D	irectives	90.0
otal Number of Discharges		With Rashes		0.0	Medications		
(Including Deaths)	7				Receiving Psyc	hoactive Drugs	85.0

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

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		Owne	ership:	Bed	Size:	Lic	ensure:		
	This	Pro	prietary	Und	er 50	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	100.0	84.2	1.19	87.6	1.14	87.7	1.14	88.8	1.13
Current Residents from In-County	80.0	76.9	1.04	72.7	1.10	70.1	1.14	77.4	1.03
Admissions from In-County, Still Residing	42.9	19.0	2.25	25.0	1.71	21.3	2.01	19.4	2.21
Admissions/Average Daily Census	35.0	161.6	0.22	93.3	0.38	116.7	0.30	146.5	0.24
Discharges/Average Daily Census	35.0	161.5	0.22	92.6	0.38	117.9	0.30	148.0	0.24
Discharges To Private Residence/Average Daily Census	15.0	70.9	0.21	19.6	0.76	49.0	0.31	66.9	0.22
Residents Receiving Skilled Care	100	95.5	1.05	74.5	1.34	93.5	1.07	89.9	1.11
Residents Aged 65 and Older	100	93.5	1.07	94.4	1.06	92.7	1.08	87.9	1.14
Title 19 (Medicaid) Funded Residents	75.0	65.3	1.15	55.3	1.36	68.9	1.09	66.1	1.14
Private Pay Funded Residents	25.0	18.2	1.38	38.5	0.65	19.5	1.28	20.6	1.22
Developmentally Disabled Residents	0.0	0.5	0.00	0.6	0.00	0.5	0.00	6.0	0.00
Mentally Ill Residents	40.0	28.5	1.40	37.9	1.06	36.0	1.11	33.6	1.19
General Medical Service Residents	30.0	28.9	1.04	18.6	1.61	25.3	1.18	21.1	1.42
Impaired ADL (Mean)	45.0	48.8	0.92	46.6	0.97	48.1	0.94	49.4	0.91
Psychological Problems	85.0	59.8	1.42	57.8	1.47	61.7	1.38	57.7	1.47
Nursing Care Required (Mean)	7.5	6.5	1.16	6.3	1.19	7.2	1.04	7.4	1.01